

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” and Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

These amendments modify the rules for provision of case management services in screening centers, maternal health centers, local education agencies, and infant and toddler (Early ACCESS) programs to comply with federal regulations on targeted case management published at 74 Fed. Reg. 68077-01. Portions of these regulations are subject to a moratorium until April 1, 2009, pursuant to Public Law 110-252, Section 7001(a). But absent further action, all state Medicaid programs will be required to be in compliance with all provisions of the federal regulations beginning April 1, 2009.

The federal regulations standardize the definition of case management, require a comprehensive assessment and plan of care, limit Medicaid coverage of case management services to one case manager per member, and establish standards for freedom of choice of providers, monitoring, and service documentation.

These amendments remove the care coordination components from the service descriptions for the Early and Periodic Screening, Diagnosis, and Treatment Program (Care for Kids) as provided by physicians, screening centers, rural health clinics, maternal health centers, and federally qualified health centers. An interagency agreement will be implemented between the Iowa Departments of Public Health and Human Services to replace these services. There will be increased costs for the administration by the Department of Public Health, but significantly less cost than if the additional case management activities required by federal regulation were provided by local maternal and child health centers funded under Title V of the Social Security Act.

The service description for infant and toddler programs, which serve children with disabilities from birth to 36 months of age, is modified to meet the federal requirements for targeted case management services. Services that are educational in nature and that are an integral part or an extension of direct services are excluded. Service requirements include assessment of the child’s needs, development of a plan of care, contact with the child and family, referral, monitoring, and record keeping.

Because, under the federal regulations, Medicaid will cover only one case manager, a family whose child is also eligible for case management for people with mental retardation, chronic mental illness, or developmental disabilities under 441—Chapter 90 must choose which case management provider the family will use. If the family chooses case management under Chapter 90, the Infant and Toddler Program cannot be paid for providing case management services. Similarly, a child living in a medical institution cannot receive any other case management services, since the institution is responsible for case management.

Changes are also proposed to clarify the policies on prenatal risk assessments and administration of vaccines. A second risk assessment is not required if the first assessment indicated a high-risk pregnancy. Medicaid will not reimburse a provider for the cost of a vaccine that is available under the federal Vaccines for Children program administered by the Department of Public Health, but administration of vaccines is a covered service.

These amendments also make numerous technical changes to the rules affected by the federal regulations as well as other related rules to update terminology and meet formatting standards.

These amendments do not provide for waivers in specified situations because the federal regulations make no provision for waivers.

Notice of Intended Action on these amendments was published in the Iowa Administrative Bulletin on September 24, 2008, as **ARC 7206B**. The Department received no comments on the Notice of Intended Action.

The Department has made one change to the amendments as published under Notice of Intended Action: Language has been added to new subparagraph 78.49(2)“b”(1) to allow case management to be

provided for a limited period to children about to be discharged from a medical institution. Services may be provided in the last 14 days of the child's stay if the stay has been less than 180 days. Children who have been in an institution for 180 days or more may receive case management services in the 60 days before discharge.

The Council on Human Services adopted these amendments on November 12, 2008.

These amendments are intended to implement Iowa Code section 249A.4.

These amendments shall become effective on February 1, 2009.

EDITOR'S NOTE: Pursuant to recommendation of the Administrative Rules Review Committee published in the Iowa Administrative Bulletin, September 10, 1986, the text of these amendments [amendments to Chs 77, 78] is being omitted. With the exception of the change noted above, these amendments are identical to those published under Notice as **ARC 7206B**, IAB 9/24/08.

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[For replacement pages for IAC, see IAC Supplement 12/3/08.]